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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/900,484
Filing Date	July 6, 2001
First Named Inventor	Jack B. Strong et al.
Title	Translating Tabular Data Formatted for One Display Device to a Format for Display on Other Display Device
Group Art Unit	2673
Examiner Name	Unknown
Attorney Docket Number	21495-06165

I hereby appoint:



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Practitioner(s) named below:

Name	Registration Number
Laura A. Majerus	33,417
Thomas L. Ewing	34,328

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Applicant/Inventor **OR**



Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name	Jack B. Strong
Signature	
Date	12/13/01

I am the:



Applicant/Inventor **OR**



Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name	Jonathan J. Kleid
Signature	
Date	12/18/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 2 forms are submitted.



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# **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT (supplemental sheet)**

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## **SIGNATURE of Applicant or Assignee of Record**

Name	Vivek Patel
Signature	<i>Vivek Patel</i>
Date	12/18/01

I am the:

☒

Applicant/Inventor **OR**

☐

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

## **SIGNATURE of Applicant or Assignee of Record**

Name	David Champlin
Signature	<i>David Champlin</i>
Date	12/18/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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